

**APPLICATION FOR EDUCATION BENEFITS**

(Under chapters 30 and 32, title 38, U.S.C.; section 903, Public Law 96-342; and chapter 106, title 10, U.S.C.)

**NOTE: THIS FORM MUST BE SIGNED AND DATED IN ITEM 21 TO RECEIVE BENEFITS.**

**IMPORTANT:** This is an application to be used by servicepersons, veterans, and reservists to apply for the following VA education benefits: VEAP (chapter 32), Non-Contributory VEAP (section 903), Montgomery GI bill - Active Duty Educational Assistance Program (chapter 30), and Montgomery GI bill - Selected Reserve Educational Assistance Program (chapter 106). Before completing this form, carefully read all of the information on the attached sheets. Type or print responses in ink. If you need additional space, attach separate sheets and key your responses to item numbers. You must complete Part I of this form. **IF YOU ARE ON ACTIVE DUTY, YOUR EDUCATION SERVICES OFFICER AND YOUR COMMANDING OFFICER MUST COMPLETE PART II.**

**PART I - APPLICANT**

|   |   |                              |
|---|---|------------------------------|
| 1. NAME OF APPLICANT (First, middle, last)  | 2. SEX<br><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | 3. VA FILE NUMBER (If known) |
| 4. MAILING ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)             | 5. DATE OF BIRTH (Month, day, year)                                     | 6. SOCIAL SECURITY NUMBER    |
|   | 7. TELEPHONE NUMBER (Include Area Code)                                 |                              |
|   | A. HOME   | B. WORK                      |
| 8. IF YOUR LAST NAME HAS CHANGED DUE TO MARRIAGE OR OTHER REASONS, FURNISH YOUR PREVIOUS NAME BELOW |   |                              |

9. FOR ADMINISTRATIVE PURPOSES, PLEASE PROVIDE THE NAME AND ADDRESS OF SOMEONE WHO WILL ALWAYS KNOW WHERE YOU CAN BE REACHED

10. DEPARTMENT OF VETERANS AFFAIRS BENEFITS YOU PREVIOUSLY APPLIED FOR:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> A. VETERANS' EDUCATIONAL ASSISTANCE  | <input type="checkbox"/> B. DISABILITY COMPENSATION OR PENSION | <input type="checkbox"/> C. NONE            |
| <input type="checkbox"/> D. SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE<br>(If checked, complete Items 10G and 10H) | <input type="checkbox"/> E. VOCATIONAL REHABILITATION          | <input type="checkbox"/> F. OTHER (Specify) |

**COMPLETE ONLY IF  
ITEM 10D IS CHECKED** ▶

10G. NAME OF VETERAN'S PARENT/SPOUSE

10H. PARENT/SPOUSE FILE NUMBER

11. EDUCATION BENEFIT YOU ARE APPLYING FOR (Check one and complete Item 12)

- ☐ A. MONTGOMERY GI BILL - ACTIVE DUTY EDUCATIONAL ASSISTANCE PROGRAM (CHAPTER 30) (Based on active duty service beginning on or after July 1, 1985, or you entered on active duty before January 1, 1977 and served on active duty for any number of days during the period October 19, 1984 to June 30, 1985, and continued on active duty through June 30, 1988.)
- ☐ B. MONTGOMERY GI BILL - SELECTED RESERVE EDUCATIONAL ASSISTANCE PROGRAM (CHAPTER 106) (If checked, attach your Notice of Basic Eligibility) (Check this box if you are applying as a member of the selected reserve)
- ☐ C. VEAP (CHAPTER 32)/NON-CONTRIBUTORY VEAP (SECTION 903) - SERVICE BEGINNING ON OR AFTER JANUARY 1, 1977 THROUGH JUNE 30, 1985

12. HAVE YOU RECEIVED AN INFORMATION PAMPHLET TITLED "SUMMARY OF EDUCATIONAL BENEFITS" FOR THE BENEFIT CHECKED ABOVE?

- ☐
- YES
- ☐
- NO (See Specific Instructions for Item 12)

**13. ACTIVE DUTY SERVICE INFORMATION**

**NOTE:** Attach the original or certified copy 4 of DD Form 214 (See Specific Instructions for Item 13) for each period of active duty service you completed. Complete Items 13A through 13E for any period for which you cannot attach a DD Form 214. Complete Item 13G in all instances. You do not need to complete this section if you are in the selected reserve unless you had a period(s) of active duty. If you are currently in-service, complete Items 13A through 13E for your current period of service.

| DATE ENTERED<br>ACTIVE DUTY<br>A | DATE SEPARATED<br>FROM ACTIVE DUTY<br>B | SERVICE NUMBER<br>(Prefix and Suffix)<br>C | BRANCH OF SERVICE<br>D | GRADE OR RANK AT<br>SEPARATION OR DISCHARGE<br>E |
|----------------------------------|---|--|------------------------|--|
|                                  |   |  |                        |  |
|                                  |   |  |                        |  |
|                                  |   |  |                        |  |

13F. IF YOUR SERVICE BEGAN AFTER DECEMBER 31, 1976, DID YOU ENLIST BEFORE JANUARY 1, 1977, UNDER A DELAYED ENTRY PROGRAM?  
(Complete this item only if you checked box 11A above and are applying as a category 2 claimant under Chapter 30. See VA Pamphlet 22-90-2.)

- ☐
- YES
- ☐
- NO (If "Yes," attach a copy of your enlistment contract, training agreement, or military orders dated before January 1, 1977, that directed you to enter active duty service)

|  |   |  |  |                        |
|--|---|--|--|------------------------|
| <b>PRESENT<br/>MILITARY<br/>STATUS</b> ▶ | 13G. ARE YOU NOW ON ACTIVE DUTY?<br><br>(If "Yes," complete Items 13H thru 13J)<br><input type="checkbox"/> YES <input type="checkbox"/> NO | 13H. HAVE YOU COMPLETED YOUR FIRST OBLIGATED PERIOD OF SERVICE?<br><br>(If "Yes," complete Item 13I)<br><input type="checkbox"/> YES <input type="checkbox"/> NO | 13I. DATE YOU COMPLETED YOUR FIRST OBLIGATED PERIOD OF SERVICE | 13J. BRANCH OF SERVICE |
|--|---|--|--|------------------------|

**14. MILITARY SERVICE ACADEMIES**

|   |                     |                      |
|---|---------------------|----------------------|
| 14A. NAME OF ACADEMY  | 14B. DATES ATTENDED | 14C. DEGREE RECEIVED |
| <input type="checkbox"/> USMA - WEST POINT <input type="checkbox"/> USCGA - NEW LONDON<br><input type="checkbox"/> USNA - ANNAPOLIS <input type="checkbox"/> USAFA - COLORADO SPRINGS | FROM TO             |                      |
|   |                     |                      |

**15. CIVILIAN AND MILITARY EDUCATION** (Do not repeat education shown in Item 14)

|  |   |   |  |         |  |
|--|---|---|--|---------|--|
| <b>15A. GIVE HIGHEST ELEMENTARY OR HIGH SCHOOL GRADE COMPLETED</b>   | <b>15B. IF YOU DID NOT GRADUATE, DO YOU HAVE A HIGH SCHOOL EQUIVALENCY DIPLOMA?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO   (If "Yes," complete Item 15C) | <b>15C. DATE YOU COMPLETED THE REQUIREMENTS FOR A HIGH SCHOOL EQUIVALENCY CERTIFICATE</b> |  |         |  |
| <b>15D. NAME OF COLLEGE OR OTHER SCHOOL</b> (Include City and State)   | <b>DATES ATTENDED</b>   |   | <b>CREDIT HOURS</b>                              |         | <b>DEGREE RECEIVED</b>                 |
|  | FROM  | TO  | SEMESTER   | QUARTER | NAME OR DESCRIPTION OF COURSE OF STUDY |
|  |   |   |  |         |  |
|  |   |   |  |         |  |
|  |   |   |  |         |  |
| <b>15E. NAME OF APPRENTICESHIP OR OTHER ON-THE-JOB TRAINING COURSE</b>   | <b>15F. DATES OF TRAINING</b>   |   | <b>15G. PLACE OF TRAINING</b>                    |         |  |
|  | FROM  | TO  |  |         |  |
|  |   |   |  |         |  |
| <b>15H. HAVE YOU EVER HELD A LICENSE TO PRACTICE A PROFESSION OR JOURNEYMAN RATING TO WORK AT A TRADE?</b> (Examples: electrician, radio operator, CPA, teacher, lawyer, bricklayer, FAA Certificate, etc.)<br><input type="checkbox"/> YES <input type="checkbox"/> NO   (If "Yes," complete Items 15I and 15J) |   |   | <b>15I. NAME OF LICENSE OR JOURNEYMAN RATING</b> |         | <b>15J. STATE IN WHICH HELD</b>        |

**16. NON-MILITARY OCCUPATIONS** (Do not complete Item 16B if on active duty)

|  |  |   |
|--|--|---|
| <b>PRINCIPAL OCCUPATION</b>                |  | <b>NUMBER OF MONTHS EMPLOYED IN THAT OCCUPATION</b> |
| <b>A. BEFORE ENTERING MILITARY SERVICE</b> |  |   |
| <b>B. AFTER LEAVING MILITARY SERVICE</b>   |  |   |

**17. VOCATIONAL FLIGHT TRAINING** (Complete only if applying for this training)

NOTE: If you are considering enrolling in a flight training program you must have a valid private pilot's license in order to receive VA benefits. In addition, you must meet the medical requirements necessary for a commercial pilot's license. The required medical certificate must be kept current throughout your course.

|  |  |                        |
|--|--|------------------------|
| <b>PREVIOUS AVIATION EXPERIENCE</b>    |  | <b>NUMBER OF HOURS</b> |
| <b>A. AIRCRAFT MODEL</b>               |  |                        |
| <b>B. FAA CERTIFICATES AND RATINGS</b> |  |                        |

**18. PROGRAM OF EDUCATION AND ENROLLMENT INFORMATION**

**CAREER PLANNING ASSISTANCE AVAILABLE:** (See Specific Instructions for Item 18.) VA's professional career counselors can help you plan your education and employment, including the selection of a school or training facility at which you can carry out your plans. You may request this counseling at any time during your period of eligibility for educational benefits, or within one year of your last discharge or release from active duty under other than dishonorable conditions even if you are not eligible for education benefits.

NOTE: If you have any questions about your education benefits, or if you require further information on other VA benefits or desire counseling, you can call VA TOLL-FREE using the following phone number(s): **(800) 827-1000** or **TDD (800) 829-4833**

|   |   |   |  |
|---|---|---|--|
| <b>18A. IF YOU KNOW THE PROGRAM YOU WANT, WHAT IS THE FINAL EDUCATIONAL, PROFESSIONAL OR VOCATIONAL GOAL YOU PLAN TO REACH THROUGH THE PROGRAM?</b> (Highest degree or occupation)  |   |   |  |
| <b>18B. IF YOU HAVE SELECTED YOUR PROGRAM, DESCRIBE THE COURSE OF STUDY (MAJOR) YOU WILL BE TAKING</b> (List each diploma and specific degree or vocational course)   |   |   |  |
| <b>18C. EDUCATION OR TRAINING WILL BE BY:</b><br><input type="checkbox"/> SCHOOL ATTENDANCE <input type="checkbox"/> FLIGHT TRAINING<br><input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> INDEPENDENT STUDY<br><input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB |   | <b>18D. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT</b> (If known) |  |
| <b>18E. DATE YOUR PROGRAM BEGAN OR WILL BEGIN</b> (Month, day, year) (If known)   | <b>18F. DO YOU PLAN TO TAKE ANY REFRESHER COURSES?</b> (See Specific Instructions for Item 18G)<br>(If "Yes," list refresher course(s) by name and number and give your reasons for needing such training in Item 20, Remarks)<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |   |  |
| <b>18G. DO YOU EXPECT TO RECEIVE NON-VA EDUCATIONAL BENEFITS FROM THE ARMED FORCES OR THE PUBLIC HEALTH SERVICE DURING THIS PERIOD OF EDUCATION?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO   (If "Yes," furnish full details in Item 20, Remarks)             | <b>18H. IF YOU ARE NOT ON ACTIVE DUTY AND ARE AN EMPLOYEE OF THE U. S. GOVERNMENT, DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEES' TRAINING ACT DURING THIS PERIOD OF EDUCATION?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO   (If "Yes," furnish full details in Item 20, Remarks) |   |  |

NOTE: A scholarship mentioned in Items 18J, 18K, and 18L below, pays a stipend and all educational expenses, i.e., tuition, fees, books, and supplies.

18I. IF YOU ARE APPLYING FOR THE CHAPTER 106 PROGRAM, ARE YOU RECEIVING FINANCIAL (SCHOLARSHIP) ASSISTANCE UNDER SECTION 2107, TITLE 10, U.S. CODE, AS A MEMBER OF THE SENIOR RESERVE OFFICERS' TRAINING CORPS PROGRAM?

☐ YES ☐ NO (If "Yes," furnish details in Item 20, Remarks)

18J. IF YOU ARE APPLYING FOR THE CHAPTER 30 PROGRAM, HAVE YOU COMPLETED A ROTC SCHOLARSHIP PROGRAM?

☐ YES ☐ NO (If "Yes," give date of commission)

18K. ARE YOU CURRENTLY ENROLLED IN A ROTC SCHOLARSHIP PROGRAM?

☐ YES ☐ NO (If "Yes," give your expected date of commission)

## 19. MARITAL STATUS AND DEPENDENCY INFORMATION

NOTE: Complete the items in this section ONLY if you checked box 11A and are applying as a category 2 claimant under Chapter 30. See VA Pamphlet 22-90-2 for additional information on category 2 eligibility.

19A. ARE YOU PRESENTLY MARRIED?

☐ YES ☐ NO (If "Yes," and not on active duty, submit VA Form 21-686c along with the marital evidence described on that form)

19B. DO YOU HAVE ANY UNMARRIED CHILDREN WHO ARE (A) UNDER AGE 18; (B) OVER 18 BUT UNDER AGE 23 AND ATTEND SCHOOL; OR (C) OF ANY AGE AND ARE PRESENTLY HELPLESS FOR MENTAL AND PHYSICAL PURPOSES?

☐ YES ☐ NO (If "Yes," and not on active duty, submit VA Form 21-686c along with the evidence described on that form to establish your relationship to each child you claim. Also, submit a VA Form 21-674 for each child you claim who is over age 18 but under age 23 and is attending school)

19C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT ON YOU FOR SUPPORT?

☐ YES ☐ NO (If "Yes," and not on active duty, submit VA Form 21-509 and a certified copy of the public record of your birth)

20. REMARKS

## 21. CERTIFICATION AND SIGNATURE OF CLAIMANT

I CERTIFY THAT all statements in my application are true and complete to the best of my knowledge and belief. If I request counseling, I authorize release of school and testing records to VA for use in counseling me and supervising my program of education or training.

21A. SIGNATURE OF APPLICANT (Do not print)

**SIGN HERE  
IN INK** 

21B. DATE SIGNED

PENALTY: Willfully false statements as to a material fact in a claim for education is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

## PART II - CERTIFICATIONS FOR PERSONS ON ACTIVE DUTY

**NOTE: Part II does not apply if you are in the Reserves.**

### 22. ARMED FORCES EDUCATION SERVICES OFFICER'S CERTIFICATION

I CERTIFY THAT this individual has consulted with me regarding his/her education program.

22A. SIGNATURE AND TITLE OF EDUCATION SERVICES OFFICER (Branch of Service)

22B. DATE SIGNED

### 23. COMMANDING OFFICER'S CERTIFICATION OF SERVICE

I CERTIFY THAT the records of this individual, who is under my command, are correct, and I verify the accuracy and completeness of the service and type of discharge or separation shown in Items 13A through 13J; the entries in Items 14A through 14C; and military education in Item 15D.

AND, that of the active duty shown above, the following period(s) reflect:

- Full time assignment by a service department to a civilian school (e.g. Operation Bootstrap) for a course of education substantially the same as established courses for civilians;
- Time served under the provisions of Title 10 U.S.C., Section 511(d) (Reserve or National Guard active duty for training);
- Non-creditable time. (Time lost because of industrial or agricultural furlough, under arrest without acquittal, AWOL, desertion, undergoing sentence of court-martial, etc.)

| FROM (Month, day, year) | TO (Month, day, year) | SPECIFY WHETHER SCHOOLING, RESERVE, OR TIME LOST (If none, write "NONE") |
|-------------------------|-----------------------|--|
|                         |                       |  |
|                         |                       |  |

23A. SIGNATURE OF COMMANDING OFFICER OR DESIGNEE

23B. UNIT

23C. DATE SIGNED

## INFORMATION AND INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR EDUCATION BENEFITS

**PRIVACY ACT INFORMATION** - No benefits may be paid unless a completed application has been received (38 U.S.C. 3471). The information requested on this form is necessary to determine your eligibility to education benefits. The responses you submit are considered confidential (38 U.S.C. 5701), and may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Information submitted is subject to review through computer matching programs with other agencies for the purposes of eligibility verification and debt collection.

**RESPONDENT BURDEN** - Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (723), 810 Vermont Avenue, NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0154), Washington, DC 20503. Do NOT send requests for benefits to these addresses.

### HOW TO APPLY FOR BENEFITS

1. **PART I** - Complete Part I of this application to apply for any one of the education benefits indicated in Item 11 of this application.

2. **PART II** - If you are on active duty in the Armed Forces, your education services officer and your commanding officer must complete PART II of this application. This does not apply if you are in the reserves.

3. **CERTIFICATION OF ENROLLMENT** - If you have selected a school or training establishment, request the certifying official of your school or training establishment to complete VA Form 22-1999, Enrollment Certification. Your school should send both this application and the enrollment certification to VA.

4. **ADVANCE PAYMENT** - If your school participates in the advance payment program, you may receive an advance payment for the initial month or partial month and the following month if you enroll in school on at least a half-time basis. To request an advance payment, contact the school you will attend at least 30 days but not more than 120 days, before the beginning of the term. Advance payment checks are mailed to the veterans certifying official at the school for delivery to you upon registration but no earlier than 30 days before classes begin.

5. **ITEMS ON APPLICATION** - Instructions relating to specific items in the application are discussed in SPECIFIC INSTRUCTIONS.

6. **FURTHER ASSISTANCE** - If you need assistance in completing this application or if you require further information on other VA benefits, you can call VA TOLL-FREE using the following phone number(s):

(800) 827-1000 or TDD (800) 829-4833

### SPECIFIC INSTRUCTIONS

The instructions in this section are numbered to correspond to the items on the application.

**ITEM 11B** - If you are claiming benefits under the Montgomery GI Bill - Selected Reserve Educational Assistance Program, attach a copy of your DD Form 2384, Notice of Basic Eligibility. This notice is issued to you by your reserve unit (for example, the Army Reserve or the Air National Guard) at the time you became eligible for the Selected Reserve Educational Assistance Program. If you are unable to obtain your copy, request your reserve unit to furnish you with a duplicate.

**ITEM 12** - You should have received one of the following information pamphlets with your application.

a. VA Pamphlet 22-90-2, Summary of Educational Benefits Under the Montgomery GI Bill - Active Duty Educational Assistance Program, Chapter 30, of Title 38 U.S.C.

b. VA Pamphlet 22-90-3, Summary of Educational Benefits under the Montgomery GI Bill - Selected Reserve Educational Assistance Program, Chapter 106, of Title 10 U.S.C.

c. VA Pamphlet 22-79-1, Revised, Summary of Educational Benefits under the Post-Vietnam Era Veterans' Educational Assistance Program - VEAP.

When VA receives your application, if you checked "No," in Item 12, VA will send you a pamphlet. You may also request a pamphlet from the person who furnished you this application.

**ITEM 13** - Furnish proof of all periods of active military service which you completed as follows:

a. Furnish the original of copy 4 of DD Form(s) 214 for each period of active military service which you completed on or after October 1, 1979. If you do not have the original of copy 4, submit the original of any other copy which you have.

b. Furnish the original of DD Form(s) 214 for each period of active military service which you completed before October 1, 1979.

c. We will return all original documents that you submit with your application. If you have recorded the original document with a county recorder, you may submit a certified copy of the document instead. If you complete your application at a VA office, VA personnel can certify the original of any documents needed to support your claim. These documents are then returned to you immediately.

**ITEM 18 - (Career Planning Assistance)** - During career counseling, our Vocational Rehabilitation and Counseling Division will provide you with comprehensive assistance so you can make the best use of your VA education benefits. This assistance may include testing to develop a greater understanding of your skills, talents, and interests. You and your counselor will then use this information to explore ways to improve your current educational plans. If you need money to pay for your educational program or to meet your living expenses, your counselor has extensive information about sources of financial aid. The Vocational Rehabilitation and Counseling Division can also provide you with information about sources of assistance in obtaining employment.

If you have any questions or need assistance in completing this application, use the TOLL-FREE telephone number shown above. The information pamphlet described in Item 12 of these instructions furnishes comprehensive information on the benefit program you are applying for.

**NOTE: REQUESTING CAREER PLANNING ASSISTANCE WILL NOT DELAY THE PROCESSING OF YOUR CLAIM.**

**ITEM 18C** - Benefits are available for training as follows:

School Attendance - Available for all benefit programs shown in Item 11.

Correspondence Training - Available for all benefit programs shown in Item 11. (See NOTE below.)

Apprenticeship or on-the-job - Available for all benefit programs shown in Item 11.

Independent Study - Available for all benefit programs shown in Item 11. Not available for chapter 106 before October 1, 1990, unless taken concurrently with resident training.

Flight Training - Available for all benefit programs shown in Item 11.

**ITEM 18F** - Refresher courses are available for all benefit programs shown in Item 11. Available for chapter 106 after September 30, 1990.

**NOTE:** If you plan to enroll in a correspondence course or a combination correspondence-residence course, be sure the field of study is suitable to your abilities and interests before you sign a contract with the school. Information on correspondence courses is available at the nearest U. S. Veterans Assistance Center or VA regional office. The correspondence school may require you to pay for all or the majority of the course even though you complete only a portion of it. Unlike the other training programs shown above, payments for correspondence courses are made quarterly after VA receives your certification showing the number of lessons you completed during the previous quarter. The information pamphlet described in Item 12 of these instructions furnishes additional information on payments.

You must affirm a contract for enrollment in a correspondence course more than 10 days after you sign the contract. You will not be authorized educational benefits for any lessons serviced by the school before the date you affirmed the contract. If you decide not to enroll in a correspondence course after signing a contract but before signing the affirmation, you are entitled to receive a full refund from the school of any payment made for the course.